

American Arbitration Association
Dispute Resolution Services Worldwide

International Dispute Resolution Procedures

ARBITRATION RULES

(ENTER THE NAME OF THE APPLICABLE RULES)

Demand for Arbitration

MEDIATION: If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box. <input type="checkbox"/> There is no additional administrative fee for this service.					
Name of Respondent Richard P. Nordan			Name of Representative (if known) David F. Kirby		
Address: 3605 Glenwood Avenue, Suite 240			Name of Firm (if applicable): Kirby & Holt, LLP		
			Representative's Address 3201 Glenwood Avenue, Suite 100		
City Raleigh	State NC	Zip Code 27612	City Raleigh	State NC	Zip Code 27612
Phone No. 919.782.9322		Fax No. 919.782.8113	Phone No. 919.881.2111		Fax No. 919.781.8630
Email Address: rnordan@wnslaw.com			Email Address: dkirby@kirby-holt.com		
The named claimant, a party to an arbitration agreement dated <u>various</u> , which provides for arbitration under the <u>unspecified</u> Arbitration Rules of the American Arbitration Association, hereby demands arbitration.					
THE NATURE OF THE DISPUTE Breach of contract: As administrator of the estates of four Blackwater professionals killed by a mob of insurgents on 3/31/04 in Fallujah, Iraq, Respondent has breached decedents' contractual obligations not to sue, not to seek publicity and to protect classified and confidential information, to release Blackwater & all affiliates from all claims, and to assume all risks of "being shot, . . . killed by a firearm . . . , terrorist activity, hand to hand combat" etc. in Iraq. In order to safeguard both its own confidential information as well as sensitive information implicating the interest of the United States at war, Blackwater is filing its Memorandum in Support of this Demand under Article 34 of the above Rules ("Confidential").					
Dollar Amount of Claim \$ 10,000,000.00			Other Relief Sought: <input checked="" type="checkbox"/> Attorneys Fees <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Arbitration Costs <input type="checkbox"/> Punitive/ Exemplary <input type="checkbox"/> Other		
AMOUNT OF FILING FEE ENCLOSED WITH THIS DEMAND (please refer to the fee schedule in the rules for the appropriate fee) \$ 14,000.00					
PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE:					
The three (3) arbitrators should be knowledgeable in both military and government contract law, preferably with personal battlefield experience.					
Hearing locale <u>Currutuck County, N.C.</u> (check one) <input checked="" type="checkbox"/> Requested by Claimant <input checked="" type="checkbox"/> Locale provision included in the contract					
Estimated time needed for hearings overall: <u>7</u> hours or <u>0</u> days			Type of Business: Claimant <input type="checkbox"/> Contractor supporting U.S. Armed Forces & other U.S. Government clients in war zones Respondent <input type="checkbox"/> Legal Representative of Deceased Private Security Professionals		
Is this a dispute between a business and a consumer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does this dispute arise out of an employment relationship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If this dispute arises out of an employment relationship, what was/is the employee's annual wage range? Note: This question is required by California law. <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> Over \$250,000					
You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association's Case Management Center, located in (check one) <input type="checkbox"/> Atlanta, GA <input type="checkbox"/> Dallas, TX <input type="checkbox"/> East Providence, RI <input type="checkbox"/> Fresno, CA <input checked="" type="checkbox"/> International Centre, NY, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within the timeframe specified in the rules, after notice from the AAA.					
Signature (may be signed by a representative) <i>[Signature]</i>			Date: 12/14/06		
Name of Claimant Blackwater Security Consulting, LLC			Name of Representative Michael P. Socarras LLP		
Address (to be used in connection with this case): P.O. Box 1029			Name of Firm (if applicable) McDermott Will & Emery		
			Representative's Address: 600 Thirteenth Street, N.W.		
City Moyock	State NC	Zip Code 27958	City Washington	State DC	Zip Code 20006
Phone No. 252.435.2488		Fax No. 252.435.6388	Phone No. 202.756.8110		Fax No. 202.756.8087
Email Address: andrew@blackwaterusa.com			Email Address: msocarras@mwe.com		
To begin proceedings, please send two copies of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.					
Please visit our website at www.adr.org if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879					